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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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Wed, Oct 26, 2022 at 1:48 PM

**DATE OF STATEMENT:** 9/26/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Michael Myers**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2401 W. Belvedere Avenue, Baltimore, MD 21215](#)**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Sinai Hospital of Baltimore, Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2401 W. Belvedere Avenue, Baltimore, MD 21215](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health System**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** VP Regulatory Reporting & Reimbursement and CFO Carroll Hospital**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Mr. Myers is an employee of Sinai Hospital of Baltimore. The monetary value reported reflects Mr. Myers' compensation.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$414,732.13**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Michael Myers



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Wed, Oct 26, 2022 at 1:45 PM

**DATE OF STATEMENT:** 9/26/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Brian Moffet**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [100 Light Street Baltimore, MD 21202](#)**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Miles & Stockbridge, PC**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [100 Light Street, Baltimore, MD 21202](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Law Firm**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Principal**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** LifeBridge Health uses Miles & Stockbridge, PC for various legal services. Mr. Moffet was not involved with any of the work performed by Miles & Stockbridge nor received any direct compensation.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$547,261.12**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Brian Moffet



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Wed, Oct 26, 2022 at 1:55 PM

**DATE OF STATEMENT:** 9/26/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Drewry White**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [12420 Milestone Center Dr Germantown, MD 20876](#)**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Alteon Health, US Acute Care Solutions**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [12420 Milestone Center Dr Germantown, MD 20876](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Emergency Medicine Services**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Regional Medical Director**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Alteon Health provides emergency medicine, adult hospitalist and intensivist coverage for Carroll Hospital Center.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$3,573,604.79**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Drewry



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

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Wed, Oct 26, 2022 at 1:43 PM

**DATE OF STATEMENT:** 9/26/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Neil Meltzer**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2401 W. Belvedere Avenue, Baltimore, MD 21215](#)**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Sinai Hospital of Baltimore, Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2401 W. Belvedere Avenue, Baltimore, MD 21215](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Integrated Delivery Health System**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
President and Chief Executive Officer**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Mr. Meltzer is an employee of Sinai Hospital of Baltimore. The monetary value reported reflects Mr. Meltzer's compensation.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$3,596,418.66**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Neil Meltzer



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

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Wed, Oct 26, 2022 at 1:51 PM

**DATE OF STATEMENT:** 9/26/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Jack Tevis**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** 82 John Street P O Box 26 Westminster, MD 21158**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Tevis Family of Companies (including Modern Comfort Systems, Inc)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** 82 John Street P O Box 26 Westminster, MD 21158**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Petroleum distribution & HVAC services**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
President**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** The monetary value reported includes payments made from any LifeBridge Health entity for HVAC services or fuel purchases.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$47,134.42**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Jack Tevis



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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Wed, Oct 26, 2022 at 12:44 PM

**DATE OF STATEMENT:** 10/26/2022

**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Mark Debinski

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [909 Halford Street, Sykesville, MD 21784](#)

**HOSPITAL NAME:** Lifebridge Carroll Hospital

**HOSPITAL ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Mark Debinski LLC dba Bluewater Advisory

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [909 Halford Street, Sykesville, MD 21784](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Consulting & Training

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
President

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Carroll Hospital Center used Bluewater Advisory for consulting and training services.

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$10,314.26

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Mark Debinski



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Wed, Oct 26, 2022 at 12:50 PM

**DATE OF STATEMENT:** 10/26/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Garrett Hoover**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Carroll Hospital Center, Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Hospital**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
President and COO**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Mr. Hoover is an employee of Carroll Hospital Center, Inc. The monetary value reported reflects Mr. Hoover's compensation.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$570,086.46**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Garrett Hoover



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Wed, Oct 26, 2022 at 12:54 PM

**DATE OF STATEMENT:** 10/26/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Todd Herring**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [501 Fairmount Ave, Suite 302 Towson, MD 21286](#)**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Pivot Health Solutions**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [501 Fairmount Ave, Suite 302, Towson, MD 21286](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Physical Rehabilitation Services, PT, OT, SLP**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Market Director**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Mr. Herring is an employee of Pivot Physical Therapy. Mr. Herring receives no direct compensation from this arrangement.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$2,256,824.40**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Todd Herring



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Wed, Oct 26, 2022 at 1:28 PM

**DATE OF STATEMENT:** 10/26/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Kiran Kuna**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [332 - 140 Village Road, # 188 Westminster, MD 21157](#)**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Carroll County Anesthesia Associates**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [332 - 140 Village Road, # 188 Westminster, MD 21157](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Medical Services (anesthesiology)**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
President**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** LifeBridge uses Carroll County Anesthesia Associates as the primary anesthesia provider for Carroll Hospital Center.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$2,940,000.00**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Kiran Kuna



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Wed, Oct 26, 2022 at 12:47 PM

**DATE OF STATEMENT:** 10/26/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Mark Goldstein**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [12420 Milestone Center Dr Germantown, MD 20876](#)**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** ['200 Memorial Avenue Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Alteon Health (now USACS)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [12420 Milestone Center Dr Germantown, MD 20876](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Contract Management Group**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Chief of Emergency Medicine, Medical staff president**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Alteon Health provides emergency medicine, adult hospitalist and intensivist coverage for Carroll Hospital Center.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$3,573,604.79**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:****PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Mark Goldstein